

Last Name			_ jr _ sr _ II _ III	First Na	ame	Middl	Middle Name		
Date of Birth (Month/Day/Year) Daytime Phone Nui			mber (w/are	nber (w/area code) E-Mail (O		al)		() Male	;
, ,								() Fema	ale
Whatcom County Physical Street Address					City			Zip Code	
Mailing Address (inside W			City		State	Zip Code			
If yo	ur mai	iling address is (OUTSIDE	E WHAT	COM COUNTY,	fill in belo)W:		
Mailing Address:				City	City		State	Zip Code	
Mailing Start Date:	Mailin	ng End Date:		I be sent an update card e mailing end date!			rmation?		
If you do not provide a Washington Driver's License, Washington ID, or the last 4 digits of your Social Security Number, your ballot may not be counted.					WA Driver's License # Last 4 Digits of St			SSN	
				Check here ONLY if you DO NOT have a WA Drivers License, ID Card, OR SSN.					
NAME CHANGE	NAME CHANGE							YES	
Former Name					Are You a U				
	Fo	ormer Signature _				You must o	choose one	NO	
OATH: I declare tha I am a not presently Washington at this a and I will be at least	denied ddress	I the right to vote as for thirty days imme	a result of	of being co	onvicted of a felon	y, I will have		,	•
Date Signed:			X						_

If you knowingly provide false information on this voter registration form or knowingly make a false declaration about your qualification for voter registration you will have committed a class C felony that is punishable by imprisonment for up to five years, or by a fine of up to ten thousand dollars or both. (RCW 29A.08.210)